

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS Application</b></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/823,052</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">April 13, 2004</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Nir Corse</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">2817</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">James E. Goodley</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">CM05224EI</td> </tr> </table>	Application Number	10/823,052	Filing Date	April 13, 2004	First Named Inventor	Nir Corse	Art Unit	2817	Examiner Name	James E. Goodley	Attorney Docket Number	CM05224EI
Application Number	10/823,052												
Filing Date	April 13, 2004												
First Named Inventor	Nir Corse												
Art Unit	2817												
Examiner Name	James E. Goodley												
Attorney Docket Number	CM05224EI												

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number 24273

**OR**

☐ Firm or Individual Name Motorola, Inc.

Address 8000 West Sunrise Boulevard

Address Law Department - MD 1610

City Plantation

State Florida Zip 33322

Country United States

Telephone 954-723-6449 Fax 954-723-3871

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).  
Registration Number \_\_\_\_\_

Signature /Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre

Date October 4, 2006 Telephone 954-723-6449

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.